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CONFIRMATION NO. 9774

<b>SERIAL NUMBER</b> 10/774,833	<b>FILING OR 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> CRD0711DIV2
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## APPLICANTS

David C. Barry, San Jose, CA;  
 Donald K. Jones, Lauderhill, FL;  
 Vladimir Mitelberg, Aventura, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/897,819 06/29/2001 PAT 6,743,236 which is a DIV of 09/400,680 09/21/1999 PAT 6,277,126 which claims benefit of 60/103,087 10/05/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>Natasha Howard</i> Initials <i>NRP</i>				

## ADDRESS

000027777

## TITLE

Heated vascular occlusion coil deployment system

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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